

Maximum Optional Fee
Schedule Filing

Date of Filing: _____

Insurer/Agent Name: _____

Address, Telephone Number and E-mail Address:

FEE TYPE	MAXIMUM FEE	PROPOSED FEE	APPROVED FEE
LATE CHARGE	\$10	\$_____	\$_____
REINSTATEMENT CHARGE	\$10	\$_____	\$_____
CONVENIENCE FEE	\$3	\$_____	\$_____
INSTALLMENT PAYMENT FEE	\$10	\$_____	\$_____
OTHER (DESCRIBE)	N/A	\$_____	\$_____

A separate fee schedule must be submitted for each coverage type for which fees will be charged.

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